

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42068

State File No.

FILED NOV 19 1957

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10575

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10575	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ...a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>27 yrs</u>		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Homer B. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2170 1/2 Franklin Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>Warner</u>		a. (First)		b. (Middle) <u>Hayes Jr.</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>11 1 57</u>		5. SEX <u>M.</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>7-23-1930</u>		9. AGE (In years last birthday) <u>27</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 14 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Warner Hayes Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Melissa Hayes 908 W. 20th St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Pelvis.</u> <u>Diffuse peritonitis with retroperitoneal hemorrhage.</u> <u>Diffuse when struck by</u> <u>bullet operated by one</u> <u>Ernest Thomas (col), while</u> <u>working on lat lat 2807</u> <u>Washington Ave. about</u> <u>8:15pm. October 29, 1957</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lat</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo 8300</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>10 23 57 8:15</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>gun</u> <u>25</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at <u>10:56 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Darick C. Taylor Casner</u> (Degree or title)				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11-7-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>11-9-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. MO.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 7 57</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McGushow</u>		ADDRESS <u>2930 Dickson, St.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Tom Bell of Arkansas

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Arthur L. Halliard*
Licensed Embalmer No. *4221*

P. O. Address *3100 Easton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. 12-1-11